

COCONINO COUNTY ATTORNEY'S OFFICE

Victim Rights Request Form

DEFENDANT NAME: _____ CASE #: _____

Please complete this form and provide your name, address and home and work phone numbers below. You MUST indicate whether you CHOOSE or WAIVE your "upon request" rights. Return this completed form to:

Coconino County Attorney
110 East Cherry Avenue
Flagstaff, AZ 86001-4627

REQUEST OR WAIVER OF RIGHTS

Victim: (please print - first name, m.i., last name) _____

Lawful Representative (if applicable):

(Please print - first name, m.i., last name) _____

Relationship to Victim: _____

- ☐ The victim has designated me as the lawful representative.
- ☐ The victim is a minor child and I am a parent, an immediate family member, or the legal guardian.
- ☐ The victim is incapacitated (severely disabled) or deceased.
- ☐ The victim is a legal entity (corporation, association or partnership)

☐ I CHOOSE "upon request" rights in this case.

☐ I WAIVE "upon request" rights in this case.

Victim or Lawful Representative Signature/Date: _____

Date: _____

VICTIM OR LAWFUL REPRESENTATIVE MAILING ADDRESS/PHONE

Number and Street or P.O. Box #: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Message) _____ (Work) _____

If you prefer to receive notification via e-mail please include your address below:

E-mail Address: _____

I understand that it is my responsibility to keep my mailing address and phone number current with the County Attorney's Office. Failure to do so can constitute a waiver of the victim's rights. I also understand that in order to make any changes to the information supplied on this form, I must contact the County Attorney's Office.